

**Nevada State Board of Medical Examiners
Sentinel Event Report Form for 2009**

Pursuant to NRS 630.30665, physicians are required to report certain information concerning surgeries. This report is to be completed and submitted to the Nevada State Board of Medical Examiners by the date required in the instructions for the preceding calendar year. Failure to report is grounds for disciplinary action.

FOR OFFICIAL USE ONLY

PLEASE PRINT OR TYPE

Date of Sentinel Event:

____/____/____
MM DD Year

Patient's Nevada County of Residence: _____

Patient's State, or Country, of Residence (if not Nevada): _____

Patient's Date of Birth: _____

Patient's Gender: _____ Male _____ Female

Did the sentinel event occur in a practice office: _____ Yes _____ No

If NO, in what type of facility did the sentinel event occur? (Do NOT report an event if it took place outside of Nevada or in a facility listed on pages two (2) and three (3) of the instructions or on Form B.)

What is the primary and secondary specialty of the physician who performed the surgery or procedure?

DESCRIPTION OF SENTINEL EVENT

What was the surgery/procedure being performed? _____

Describe the sentinel event:

OUTCOME OF SENTINEL EVENT *(If death, actual physical injury with permanent loss or actual psychological injury with permanent loss occurred, please indicate.)*

Describe the Outcome:

CORRECTIVE ACTIONS *(If equipment repair or procedure, policy, or process modification or change took place, please indicate.)*

Corrective Action Taken:

SIGNATURE *(Please sign and date below. A separate Sentinel Event Report Form is required for each and every reportable sentinel event. A signature is required on each and every form.)*

Print Name: _____

License Number: _____

Office Address: _____

Doctor's Signature: _____

Date: _____